## Disinfectants and Disinfection Byproducts Rule Chlorine Residual Reporting Form

System Name: PWSID:						
		Chlorine	or Chloramines Ro	esidual		
(circle one)			Monthly	Quarterly		
Year	Month	# Samples Taken	Monthly Avg. Total Clar Residual	2 Quarterly Average	;	
	January					
	February					
	March					
	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November December					
	December	Λ ν.ο.	age of Quarterly Average	ac.		
		Avei	age of Quarterly Average			
				MRDL: 4 mg/L		
			Was MRDL exceeded	d? Yes		
	(circle one) No					
Note: Tak	en same location	and frequency a	s total coliform samples			
Notes:						
Notes.						

Please submit completed form to: John McDunn Public Water Supply Section P.O. Box 200901 Helena, MT 59620-0901 (406) 444-5312 jmcdunn@mt.gov

System Operator:\_\_\_\_\_\_ Date:\_\_\_\_\_

## Disinfectants and Disinfection Byproducts Rule Chlorine Residual Reporting Form

System Name: Smalltown Water Department

PWSID: MT1234567

Chlorine or Chloramines Residual							
Cl <sub>2</sub> ]	Residual Sampli	ng Frequency: (circle one)	Mondaly	Quarterly			
Year	Month	# Samples Taken	Monthly Average Total Cl <sub>2</sub> Residual	Quarterly Average			
	January	2	1.5				
<i>–2005</i>	February	2	1.1	(1.5 + 1.1 + 1.3)/3 = 1.3			
	March	2	1.3				
2005	April	5	1.3	40			
	May	5	1.6	(1.3 + 1.6 + 1.6)/3 = 1.5			
	June	2	1.6				
2004	July	2	1.2				
	August	2	1.5	(1.2 + 1.5 + 1.6)/3 = 1.4			
	September	2	1.6				
	October	2	1.9				
2004	November	2	1.8	(1.9 + 1.8 + 2.1)/3 = 1.9			
	December	2	2.1				
		(1.3 + 1.5 + 1.4 + 1.9)/4 = 1.5					
		MRDL: 4 mg/L					
			Was MRDL exceeded? (circle one)	Yes No			
Note: Take	n same location	and frequency a	as total coliform samples				

## Notes:

One of our routine total coliform samples taken April 6, 2005 was coliform positive. Three repeat samples were taken that same month and five follow-up samples were taken in May. All repeat and follow-up samples were clear. Chlorine residual samples were taken with each total coliform sample as required.

Please contact me at 555-5545 if you have any questions.

System Operator:\_\_\_Joan Q. Operator\_\_\_\_\_ Date:\_\_\_8/5/05\_\_\_\_

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